2026 Prior Authorization Requirements

2026 Prior Authorization Guidelines for SCAN Medicare Advantage Health Plan

- This list contains inpatient, outpatient, and Part B medication prior authorization requirements for members in **SCAN Medicare Advantage Classic HMO and MyChoice HMO plans in Pierce, Spokane, and Thurston County WA.**
- ALL SERVICES ARE BASED ON MEDICARE AND HEALTH PLAN BENEFITS.
- DOCUMENTATION NOTE: To help facilitate a timely determination, provide documentation supporting medical necessity with the request. As appropriate, include pre-service evaluation and/or trial of non-surgical conservative methods.
- PSW utilizes (including but not limited to) national and local coverage determinations and other Medicare regulatory coverage documentation when making determinations of coverage.
- Services that do not require preauthorization are still subject to the coverage terms of the members' plan.
- PSW reviews this prior authorization list not less than annually. If mid-year changes are deemed necessary, they will be denoted in **bold blue** font with an *.
- CONFIDENTIAL AND PROPRIETARY
- SUBMIT CLAIMS TO PAYER ID RP036

OUT OF NETWORK NOTE: Except for urgent/emergent care, a prior authorization is required for all non-contracted providers and facilities for all services, even if requested codes are not listed below.

CATEGORY	DETAILS/NOTES	CODES
Behavioral Health	• Inpatient care • Partial hospitalizations	
Bone Growth Stimulators		E0747, E0748, E0749, E0760
Breast Procedures		19316, 19318, 19325, 19328, 19357, 19370, 19371, 19380
Cardiopulmonary Procedures or Devices & Vascular		33285, 33289, 33975, 33976, 33979, 36514, 37700, 37718, 37722, 37780, 37799, 93653, 93656, C1605, E0483, K0606
CAR T-cell Therapy		38225,38226, 38227, 38228, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056,
Chiropractic	Medicare-covered manipulation only. Additional supplemental benefits may be available through SCAN member services.	98940, 98941, 98942
Diagnostic Imaging		78815, 95965, 95966, A4641, C2624
Electrical Stimulation		E0715, E0716,E0721, E0732, E0733, E0734, E0735, E0736, E0737, E0738, E0739, E0740, E0743, E0746, E0766, E0770, E0784
Ear, Eye, & Facial Procedures	Non-cosmetic	15820, 15821, 15822, 15823, 21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21210, 21215, 21230, 21235, 21240, 21242, 21244, 21245, 21246, 21247, 21248, 21249, 21255, 21256, 21260, 21261, 21263, 21267,

CATEGORY	DETAILS/NOTES	CODES
Ear, Eye, & Facial Procedures (cont.)		21268, 21275, 21299, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 66683, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67912, 67950, 67961, 67966, 69714, 69930
Inpatient Admissions	• Acute Hospital • Inpatient Rehabilitation (IPR) • Long Term Acute Care (LTAC) • Skilled Nursing Facilities (SNF)	
Integumentary Procedures		11921, 11960, 11971, 15015, 15017, 15830, 15847, 15877, 15878, 15879, 17999
Molecular Diagnostic/Genetic Testing	*Medicare coverage rules apply. Test results must be ordered by a physician who is part of the treatment care team, and results must be used in the management of a specific medical problem. Although molecular diagnostic tests may provide valid and useful information, not all tests meet this definition.*	81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81168, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81191, 81192, 81193, 81194, 81195, 81200, 81201, 81202, 81203, 81204, 81205, 81209, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81257, 81258, 81259, 81260,81265, 81266, 81269, 81272, 81273, 81275, 81276, 81277, 81278, 81279, 81283, 81284, 81285, 81286,81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81332, 81333, 81334, 81335, 81336, 81337, 81338, 8133981343, 81344, 81345, 81346, 81347, 81348, 81349, 81350, 81351, 81352, 81353, 81355, 81357, 81360, 81361, 81362, 81363, 81364, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81418, 81419, 81420, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81437, 81438, 81439, 81440, 81441, 81442, 81443, 81445, 81448, 81449, 81450, 81455, 81456, 81460, 81465, 81470 81471, 81479, 81490, 81493, 81500 81503, 81504, 81507, 81515, 81518, 81519, 81520, 81521, 81522, 81523, 81525, 81529, 81535, 81536, 81538, 81540, 81541, 81542, 81546, 81551, 81552, 81554, 81558, 82233, 82234, 83884, 84393, 84394, 86581, 87513, 87564, 87594, 87626
Nervous System Procedures		64722, 64744

CATEGORY	DETAILS/NOTES	CODES
Neurostimulators		61850, 61863, 61864, 61868, 61867, 61885, 63650, 63655, 63685,64555, 64568, 64590, L8682, L8683
Orthopedic Procedures: Hip, Knee & Shoulder		23470, 23472, 24360, 24361, 24362, 24363, 25441, 25442, 25444, 25446, 25448, 27120, 27122, 27130, 27132, 27134, 27137, 27412, 27415, 27416, 27446, 27447, 27486, 27700, C1602, C8003
Orthotics & Prosthetics		L2005, L2036, L2628, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5301, L5312, L5321, L5331, L5341, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5615, L5616, L5639, L5643, L5649, L5651, L5681, L5683, L5700, L5701, L5702, L5703, L5707, L5724, L5726, L5728, L5780, L5781, L5782, L5783, L5795, L5814, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5841, L5845, L5848, L5856, L5857, L5858, L5990, L5930, L5960, L5961, L5966, L5968, L5973, L5979, L5980, L5981, L5987, L5988, L5990, L6000, L6010, L6020, L6026, L6050, L6055, L6100, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6621, L6624, L6638, L6646, L6648, L6693, L6696, L6697, L6707, L6709, L6712, L6713, L6714, L6715, L6721, L6722, L6880, L6881, L6882, L6883, L6884, L6885, L6895, L6900, L6905, L6910, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7499, L8035, L8039, L8041, L8042, L8043, L8044, L8499, L8600, L8604, L8609, L8614, L8619, L8690, L8691, L8692, L8699, L8720, L8721
Other DME		A6525, A6527, A6550, A6553, A6555, A6558, A6562, A6565, A6567, A6574, A6576, A6579, A6610, E0152, E0170, E0277, E0300, E0302, E0304, E0328, E0462, E0465, E0466, E0468, E0469, E0492, E0493, E0530, E0630, E0635, E0636, E0639, E0640, E0680, E0682, E0692, E0700, E1301, E1310, E2402, E2510, E2513, E3000, E3200, K0455
Pain Infusion Pump		E0783, E0786, 62362
Proprietary Laboratory Analyses (PLA)		0005U, 0012M, 0013M, 0018U, 0026U, 0037U, 0089U, 0172U, 0239U, 0242U, 0288U, 0315U, 0334U, 0339U, 0340U, 0345U, 0432U
Radiation Oncology		77371, 77372, 77373, 77385, 77386, 77600, G0138, G0339, G0340, G0562, G0563, G6001, G6015
Respiratory Procedures		21685, 31295, 31296, 31297, 31298, 31299, 42145
Spinal Procedures		22514, 22532, 22533, 22548, 22551, 22554, 22556, 22558, 22590,22595, 22600, 22610, 22612, 22630, 22633, 22856, 22861, 22867, 22869, 22899, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63040, 63042,

CATEGORY	DETAILS/NOTES	CODES
Spinal Procedures (cont.)		63045, 63046, 63047, 63050, 63051, 63055, 63056, 63064, 63075, 63077, 63081, 63085, 66087, 63090, 63101, 63102, 63170, 63185, 63190, 63191, 63197, 63200, C1737
Temporary Codes		S3800, S3840, S3841, S3842, S3844, S3845, S3846, S3849, S3850, S3852, S3853, S3854, S3861, S3865, S3866, S3870, S9002
Transplant Surgeries	PSW does not process requests for Solid Organ or Bone Marrow Transplants. Includes Pre-transplant evaluation period, transplant period, and 1-year post-transplant. **Direct Requests to SCAN: (P)800-250-9048 Option 2 (F) 800-411-0671**	32850, 32851, 32852, 32853, 32854, 32855, 32856, 33927, 33928, 33929, 33930, 33933, 33935, 33940, 33944, 33945, 38240, 38241, 38242, 44132, 44133, 44135, 44136, 44137, 44715, 44720, 44721, 47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48551, 48552, 48554, 50300, 50320, 50323, 50325, 50340, 50360, 50365, 50370, 50547, S2060, S2061, S2152, 38208, 38209, 38210, 38212, 38213, 38214, 38215, 38232
Urinary System Procedures		51721, 55881, 55882, 55970, 55980
Wheelchairs & Scooters		E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1011, E1035, E1036, E1230, E1239, E2298, E2609, E2617, K0800, K0801, K0802, K0806, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899
Wound Care, Skin & Tissue Substitutes		A2026, A2027, A2028, A2029, Q4188, Q4191, Q4236, Q4279, Q4281, Q4287, Q4288, Q4289, Q4290, Q4291, Q4292, Q4293, Q4294, Q4295, Q4296, Q4297, Q4298, Q4299 Q4300, Q4301, Q4302, Q4303, Q4304, Q4305, Q4306, Q4307, Q4308, Q4309, Q4310, Q4311, Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, Q4333, Q4334, Q4335, Q4336, Q4337, Q4338, Q4339, Q4340, Q4341, Q4342, Q4343, Q4344, Q4345, Q4346, Q4347, Q4348, Q4349, Q4350, Q4351, Q4352, Q4353
Part B Drugs - Other		J0139, J0175, J0177, J0217, J0402, J0577, J0578, J0589, J0870, J1202, J1203, J1304, J1307, J1323, J1412, J1413, J1414, J1748, J1749, J2267, J2508, J2782, J2799, J2801, J2802, J3055, J3247, J3263, J3392, J3393, J3394, J3401, J7330, J7354, J7355, J7601, J9026, J9028, M0224, Q2026, Q5133, Q5134, Q5135, Q5136, Q5137, Q5138, Q5140, Q5141, Q5142, Q5143, Q5144, Q5145, Q5146, Q9996, Q9997, Q9998

CATEGORY	DETAILS/NOTES	CODES
Part B Drugs - Chemotherapy Agents, Supportive, and Symptom Management		**Adakveo®** J0791 **Adcetris** J9042 **Aduhelm™**J0172 **Adzynma** J7171 **Akynzeo, injection** J1454 **Akynzeo, oral** J8655 **Aliqopa** J9057 **Amvuttra™** J0225 **Aranesp Albumin Free** J0881 **Arzerra** J9302 **Asparlas** J9118 **Avastin** C9257, J9035 **Balfaxar** J7165 **Bavencio** J9023 **Beleodaq** J9032 **Bendeka** J9034 **Besponsa** J9229 **Blincyto** J9039 **Bone Density Agents** J3111, J0897 **Botulinim Toxins** J0585, J0586, J0587, J0588 **Cesamet** J8650 **Clofarabine** J9027 **Colony-Stimulating Factors** Q5108, Q5111, Q5122 **Columvi** J9286 **Cyramza** J9308 **Crysvita®** J0584 **Dacogen** J0894 **Darzalex** J9145 **Doxil** Q2050, **Empliciti** J9176 **Enjaymo®** J1302 **Entyvio™** J3380 **Epkinly** J9321 **Erbitux** J9055 **Erwinaze** J9019 **Evkeeza®** J1305 **Firmagon** J9155 **Fylnetra®** Q5130 **Gazyva** J9301 **Givlaari®** J0223 **Golimumab** J1602 **Halaven** J9179 **Hemgenix®** J1411 **Herceptin** J9355 **Herceptin Hylecta** J9356 **Imfinzi** J9173

CATEGORY	DETAILS/NOTES	CODES
Part B Drugs - Chemotherapy Agents, Supportive, and Symptom Management (cont.)		**Immune Globulins (IVIG, SCIG)** J1459, J1551, J1552, J1554, J1555, J1556, J1557, J1558, J1559, J1561, J1566, J1568, J1569, J1572, J1575, J1599**Immunomodulators** J1745, Q5104 **Injectable Medcations – Unclassified** C9399, J3490, J3590 **Intravenous Iron Products** J1437, J1439 **Intron A** J9214 **Jevtana** J9043 **Kadcyla** J9354 **Kanjinti** Q5117 **Kepivance** J2425 **Keytruda** J9271 **Krystexxa®** J2507 **Kyprolis** J9047 **Lartruvo** J9285 **Leqembi®**J0174 **Leqvio®** J1306 **Leukine** J2820 **Libtayo** J9119 **Lumoxiti** J9313 **Lutathera** A9513 **Luxturna™** J3398 **Mvasi** Q5107 **Mylotarg** J9203 **Nexviazyme®** J0219 **Nipent** J9268 **Ocrevus®** J2350 **Octreotide Acetate** J2354 **Ogivri** Q5114 **Oncaspar** J9266 **Onivyde** J9205 **Onpattro™** J0222 **Opdivo** J9299 **Orencia™** J0129 **Oxlumo®** J0224 **Peg-Intron** S0148 **Pemgarda** Q0224 **Perjeta** J9306 **Polivy** J9309 **Portrazza** J9295 **Posluma** A9608 **Poteligeo** J9204 **Procrit** J0885 **Proleukin** J9015 **Provenge** Q2043 **Radicava®** J1301 **Reblozyl®** J0896

CATEGORY	DETAILS/NOTES	CODES
Part B Drugs - Chemotherapy Agents, Supportive, and Symptom Management (cont.)		**Rituxan Hycela** J9311 **Rituximab** J9311, J9312, Q5123 **Rolvedon®** J1449 **Ryplazim®** J2998 **Rystiggo** J9333 **Ryzneta** J9361 **Sandostatin LAR** J2353 **Saphnelo™** J0491 **Scenesse®** J7352 **Skyrizi®** J2327 **Somatuline Depot** J1930 **Spevigo®** J1747 **Spinraza®** J2326 **Stimufend®** Q5127 **Supprelin La** J9226 **Sylvant** J2860 **Tecentriq** J9022 **Tepezza®** J3241 **Testopel** S0189 **Tevimbra** J9329 **Tezspire™** J2356 **Therapeutic Radiopharmaceuticals** A9607, A9699 **Treanda** J9033 **Trelstar Mixject** J3315 **Truxima** Q5115 **Ultomiris™** J1303 **Unituxin** C9399, J9999 **Uplizna®** J1823 **Xenoview** A9610 **Xgeva** J0897 **Xofigo** A9606 **Vantas** J9225 **Varubi** J2797 **Vascular Endothelial Growth Factor (VEGF) Inhibitors** J0178, J0179, J2777, J2778, J2779, Q5124, Q5128 **Vectibix** J9303 **Veopoz** J9376 **Vyvgart™** J9332 **Vyvgart Hytrulo** J9334 **Yervoy** J9228 **Zaltrap** J9400 **Zarxio** Q5101 **Zevalin** A9543 **Zolgensma®** J3399

This list details services and medications that require preauthorization prior to being provided or administered. Services must be provided according to Medicare coverage guidelines, established by the Centers for Medicare & Medicaid Services (CMS). According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. Non-covered items are not allowed. You can review Medicare coverage guidelines at https://www.cms.gov/medicare-coverage-database/search.aspx